

ACT 1045/010

● **SENDER:** Complete items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space  
on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).
- ☒ Show to whom and date delivered ..... —¢
- ☐ Show to whom, date, and address of delivery.. —¢
2. ☐ **RESTRICTED DELIVERY** —¢  
(The restricted delivery fee is charged in addition to  
the return receipt fee.)

**TOTAL \$** \_\_\_\_\_

**3. ARTICLE ADDRESSED TO:**

S.P. Hallinger  
Box 283  
Tooele, UT 84074

**4. TYPE OF SERVICE:**

- ☐ REGISTERED    ☐ INSURED  
☒ CERTIFIED    ☐ COD  
☐ EXPRESS MAIL

**ARTICLE NUMBER**

7075464

**(Always obtain signature of addressee or agent)**

I have received the article described above.

**SIGNATURE**

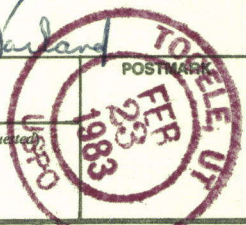
☐ Addressee

☒ Authorized agent

**5. DATE OF DELIVERY**

FEB 23 1983

**POSTMARK**



**6. ADDRESSEE'S ADDRESS (Only if requested)**

**7. UNABLE TO DELIVER BECAUSE:**

**7a. EMPLOYEE'S INITIALS**

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

**UNITED STATES POSTAL SERVICE**  
OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300



**State of Utah**  
**Natural Resources & Energy**  
**Oil, Gas, & Mining**  
**4241 State Office Building**  
**Salt Lake City, Utah 84114**

**RETURN  
TO**



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(Name of Sender)

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(Street or P.O. Box)

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(City, State, and ZIP Code)

P05 7075464

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

ACT 045/010

SENT TO

S. R. Hallinger

STREET AND NO.

Box 283

P.O., STATE AND ZIP CODE

1000 E, UT 84074

POSTAGE

\$

CERTIFIED FEE

€

SPECIAL DELIVERY

€

RESTRICTED DELIVERY

€

SHOW TO WHOM AND  
DATE DELIVERED

€

SHOW TO WHOM, DATE,  
AND ADDRESS OF  
DELIVERY

€

SHOW TO WHOM AND DATE  
DELIVERED WITH RESTRICTED  
DELIVERY

€

SHOW TO WHOM, DATE AND  
ADDRESS OF DELIVERY WITH  
RESTRICTED DELIVERY

€

TOTAL POSTAGE AND FEES

\$

POSTMARK OR DATE



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.